

## **Medicaid Progress Note**

**Agency Name**

**Agency Address**

### **Identifying Information**

Name:

Age:

Client ID:

Gender:

Parent or Legal Guardian:

Individual(s) present:

Service Rendered:

Setting of Service:

Start Time:

End Time:

Duration:

Therapeutic Modality:

Service Provider:

### **Session Goal:**

Identify the goal for the session **Specific goals and objectives addressed in the treatment session**

Client progress towards completion of goals identified in the treatment plan

Barriers to client progress towards completion of treatment goals (Be sure to document any missed sessions or professional consultations regarding the client)

Identify the plan to address clients progress towards completion of identified treatment goals.

### **Plan:**

Based upon the client's response to the treatment plan what may need revision

Plan for the next session and the scheduled date for that session

### **Sign Report**

Name

Credential and/or licensure

Position title

### **Clinical Supervisor Signature:**

Date:

Include credential and title

(if necessary)

If using the DAP progress note method include::

**Data**

Subjective data about the client (client's observations, thoughts, and quotes)

Objective data about the client ( counselor's observations: affect, mood, behavior, appearance)

Content and process of the session

Home work reviewed in session

**Assessment**

Therapists understanding of the client's problems, working hypothesis, results of screening and assessment instruments, client's response to the treatment plan

**Plan**

Based upon the client's response to the treatment plan what may need revision

**Specific goals and objectives addressed in the treatment session** (make sure the note connects to the identified treatment goals identified in the mental health assessment, treatment plan and domestic violence treatment needs)

Plan for the next session and the scheduled date for that session

If using SOAP progress note method include:

**Subjective**

Subjective data about the client (client's observations, thoughts, and quotes)

**Objective**

Objective data about the client ( counselor's observations: affect, mood, behavior, appearance)

**Assessment**

Therapists understanding of the client's problems, working hypothesis, results of screening and assessment instruments, client's response to the treatment plan

**Specific goals and objectives addressed in the treatment session** (make sure the note connects to the identified treatment goals identified in the mental health assessment, treatment plan and domestic violence treatment needs)

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**Plan**

Based upon the client's response to the treatment plan what may need revision

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